

ANNUAL REPORT
Regional Water Quality Control Board
Santa Ana Region
(Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: **January 1, 2014 through December 31, 2014**
 Report Due Date: **January 15, 2015**

FACILITY INFORMATION (Please make any corrections directly on this form)		
CAFO Operator's Name	Amos DeGroot	
CAFO Facility Name	SD Farms II	
Facility Address	Ex. 6 Personal Privacy (PP)	
Mailing Address	Ex. 6 Personal Privacy (PP)	
Telephone Number	Ex. 6 Personal Privacy (PP)	

ANIMAL POPULATION (Please provide the number of animals in each category)			
Milking Cows	1430	Dry Cows	0
		Heifers	0
		Calves	0
Others (specify type and number)	N/A		

MANURE INFORMATION		Units Used :	Tons <input checked="" type="checkbox"/>	Cubic Yards <input type="checkbox"/>
Manure Produced	10864	Manure Spread on Cropland at Facility	864	
Manure Spread on Other Cropland	5448	Manure to Compost Facility	4552	
Manure Stockpiled on Site as of 12/31/14	0			
Manure Hauled Away (Also provide Manure Tracking Manifests, Form 4)	10000			
Was Manure Amount Calculated Using the Following Factors?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
1 Milking cow produces approximately 4.1 tons of manure per year 1 Dry cow produces approximately 4.1 tons of manure per year 1 Heifer produces approximately 1.5 tons of manure per year 1 Calf produces approximately 0.6 tons of manure per year				
*1 ton of corral manure equals 2.32 cubic yards and 1 cubic yard of corral manure equals 0.43 tons				

NUTRIENT MANAGEMENT PLAN (NMP) AND NUTRIENT ANALYSISNMP is Certified Yes ☒ No ☐

Has the most current nutrient analysis been provided to the recipient of the manure?

Yes ☒ No ☐**CROP GROWING ACTIVITY**

Number of cropland acres where manure has been applied (Cropland is contiguous to the dairy, where manure was applied and a crop was harvested).

Cropland acres: 50 No. of plantings per year: One ☐ Two ☒ Three ☐

Type of crops grown:

Sudan grass ☐ Alfalfa ☐ Winter wheat ☒Barley ☐ Bermuda grass ☐ corn ☐ Oats ☐ Turf Grass ☐Vegetables ☐ Others ☒ SorghumActual crop yields 15 tons acreManure application rates 17Amount of manure spread on each field one large fieldNumber of Milkings per day (Dairies only): One ☐ Two ☒ Three ☐**COMMENTS:****CERTIFICATION:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): Jonathan CockcroftSignature: Date: 1-7-14Title: Agriculture OPS Manager

Form 1. CAFO Weekly Storm Water Management Structure Inspections Log Sheet
(Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014

Facility Information (Please make corrections directly on this form)	
Operator's Name:	Amos DeGroot
Facility Name:	SD Farms II
Facility Address:	Ex. 6 Personal Privacy (PP)

Instructions: Use this form to keep track of weekly visual inspections of your process wastewater and storm water containment structures. Document the findings of daily storm event inspections. List the structure items that need to be inspected below (refer to your Engineered Waste Management Plan).

Waste Water Lagoons	
Lagoon Burms For Erosion	
Lagoon Burms For Excessive Vegetation	
Pipelines & Culverts	
Wastewater lagoon level	

Keep track of your inspections in the following table by completing one row each week when you inspect your process wastewater and storm water containment structures. Provide the following information: date of inspection, initials of the person performing the inspection, check "OK" box if no problems were found, use the "Notes" column to describe problems, if you find any, and how they were fixed, record the estimate of the wastewater containment pond(s) freeboard, fill in the "Date Corrected" column with the date when you correct the problem.

CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Facility Name: SD Farms II – Facility ID#158021

NPDES Permit No.: 8-365965001

Instructions: Use this form to keep track of weekly visual inspections of your storm water management structure(s) (including storm water and runoff diversion devices, and devices used to channel contaminated storm water to a wastewater storage or containment structure). List the items that need to be inspected below.

Lagoon Burns Checked for Erosion
Be Lagoon Level Measured on Stick
Waste Water Channels Checked for Obstructions

Keep track of your inspections in the following table by filling out one row each week when you inspect your storm water management structures. Provide the following information:












- \$ the date of the inspection
- \$ the initials of the inspector
- \$ check the "OK" box if no problems were found
- \$ use the "Notes" column to describe problems, if you find any, and how they might be fixed
- \$ fill in the "date corrected" column with the date when you correct the problem

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 1	1/06/14	<i>MA</i>	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 2	1/13/14	<i>NG</i>	✓	Stick Reading Front 2.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 3	1/20/14	<i>MA</i>	✓	Stick Reading Front 2.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 4	1/27/14	<i>MA</i>	✓	Stick Reading Front 2.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 5	2/03/14	<i>MA</i>	✓	Stick Reading Front 2.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		

NPDES Permit No.: _____

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 6	2/10/14	my	✓	Stick Reading Front 2.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 7	2/17/14	my	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 8	2/24/14	my	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 9	3/03/14	my	✓	Stick Reading Front 4.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 10	3/10/14	my	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 11	3/17/14	my	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 12	3/24/14	my	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 13	3/31/14	my	✓	Stick Reading Front 3.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 14	4/07/14	my	✓	Stick Reading Front 3.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 15	4/14/14	NB	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 16	4/21/14	my	✓	Stick Reading Front 2.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		

NPDES Permit No.: _____

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 17	4/28/14		✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 18	5/05/14		✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 19	5/12/14		✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 20	5/19/14		✓	Stick Reading Front 1.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 21	5/26/14		✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 22	6/02/14		✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 23	6/09/14		✓	Stick Reading Front 2.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 24	6/16/14		✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 25	6/23/14		✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 26	6/30/14		✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 27	7/07/14		✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		

NPDES Permit No.: _____

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 28	7/14/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 29	7/21/14	neg	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 30	7/28/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 31	8/04/14	NG	✓	Stick Reading Front 3.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 32	8/11/14	neg	✓	Stick Reading Front 2.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 33	8/18/14	neg	✓	Stick Reading Front 1.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 34	8/25/14	NG	✓	Stick Reading Front 2.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 35	9/01/14	neg	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 36	9/08/14	NG	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 37	9/15/14	NG	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 38	9/22/14	neg	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		

NPDES Permit No.: _____

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 39	9/29/14	neg	✓	Stick Reading Front 3.4 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 40	10/06/14	neg	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 41	10/13/14	neg	✓	Stick Reading Front 3.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 42	10/20/14	neg	✓	Stick Reading Front 4.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 43	10/27/14	neg	✓	Stick Reading Front 3.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 44	11/03/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 45	11/10/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 46	11/17/14	neg	✓	Stick Reading Front 2.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 47	11/24/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 48	12/01/14	neg	✓	Stick Reading Front 3.0 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		
Week 49	12/08/14	neg	✓	Stick Reading Front 4.5 Back Left Overflow Protection 0% Back Right Overflow Protection 0%		

NPDES Permit No.: _____

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible solutions.)	Waste Pond F/B	Date Corrected
Week 50	12/15/14	ME	✓	Stick Reading Front 5.0 Back Left Overflow Protection 0% Back Right Overflow Protection 20.0%		
Week 51	12/22/14	ME	✓	Stick Reading Front 5.0 Back Left Overflow Protection 0% Back Right Overflow Protection 10%		
Week 52	12/29/14	ME	✓	Stick Reading Front 5.0 Back Left Overflow Protection 0% Back Right Overflow Protection 10%		

Attachment 3. Annual Report of Animal Waste Discharge

Santa Ana Regional Water Quality Control Board
3737 Main Street, Suite 500
Riverside, CA 92501-3348
(951) 782-4130

Reporting Period: Sept 1, 2014 to December 31, 2014
Report Due Date: January 15, 2015

Facility Information (Please make corrections directly on this form.)	
Operator's Name	<u>EGbert J. (Amos) DeGroot</u>
Facility Name	<u>SD Farms II-2</u>
Facility Address	Ex. 6 Personal Privacy (PP)
Mailing Address	
Telephone Number	

Does the information provided apply only to the facility address indicated above? Yes ☒ No ☐

If No, please provide the name and address of the other facilities in the Comments section of this report.

Note: Submit a separate report for each of your facilities including dry cow, heifer, and calf ranches.

Animal Population	Manure Information
No. Milking Cows <u>0</u>	Units used below: <input checked="" type="checkbox"/> tons <input type="checkbox"/> cubic yards
No. Dry Cows <u>134</u>	Amount of manure spread on cropland at the facility: <u>0</u>
No. Heifers <u>144</u>	Amount of manure hauled away from your facility: (Please provide copies of all Manure Tracking Manifests showing the hauler name and the destination of the manure.) <u>0</u>
No. Calves <u>0</u>	Amount of manure produced in 200X that is stockpiled on site as of 12/31/0X: <u>0</u>
Others <u>0</u>	

Were the production factors provided below used to estimate your manure information? Yes ☐ No ☒

1 Milking cow produces approximately 4.1 tons per year of manure.
1 Heifer produces approximately 1.5 tons per year of manure.
1 ton of corral manure equals 2.32 cubic yards.

1 Dry cow produces approximately 4.1 tons per year of manure.
1 Calf produces approximately 0.6 tons per year of manure.
1 cubic yard of corral manure equals 0.43 tons.

Crop Growing Activity

Write in the number of acres where manure has been applied to cropland at your facility. Cropland acreage is the number of acres, contiguous to the dairy, where manure was applied and a crop was harvested.

No. of cropland acres: 0

No. of plantings per year: ☐ one ☐ two ☐ three

Type of crop grown:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Sudan grass | <input type="checkbox"/> Alfalfa | <input type="checkbox"/> Winter wheat |
| <input type="checkbox"/> Barley | <input type="checkbox"/> Bermuda grass | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Oats | <input type="checkbox"/> Rye Grass | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Other: _____ | | |

Number of Milkings per day (Dairies only): one ☐ two ☐ three ☐

Comments:

No Manure Removed From Location. Operations Began Sept 1 2014.

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): Jonathan Crockett

Signature: [Signature]

Date: 12-29-14

Title: Agriculture OPS Manager

Form 1. CAFO Weekly Storm Water Management Structure Inspections Log Sheet
(Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014

Facility Information (Please make corrections directly on this form)	
Operator's Name:	Amos DeGroot
Facility Name:	SD Farms II
Facility Address:	Ex. 6 Personal Privacy (PP)

Instructions: Use this form to keep track of weekly visual inspections of your process wastewater and storm water containment structures. Document the findings of daily storm event inspections. List the structure items that need to be inspected below (refer to your Engineered Waste Management Plan).

Lagoon	
Lagoon Berms For Erosion	

Keep track of your inspections in the following table by completing one row each week when you inspect your process wastewater and storm water containment structures. Provide the following information: date of inspection, initials of the person performing the inspection, check "OK" box if no problems were found, use the "Notes" column to describe problems, if you find any, and how they were fixed, record the estimate of the wastewater containment pond(s) freeboard, fill in the "Date Corrected" column with the date when you correct the problem.

CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period: 9-1-14 → 12-31-14

Facility Name: SD Farms II-2

Week	Date	Initials	OK	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard	Date Corrected
1	9/1/14	JL	✓			
2	9/8/14	JL	✓			
3	9/15/14	JL	✓			
4	9/22/14	JL	✓			
5	9/29/14	JL	✓			
6	10/6/14	JL	✓			
7	10/13/14	JL	✓			
8	10/20/14	JL	✓			

CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period: _____

Facility Name: _____

Week	Date	Initials	OK	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard	Date Corrected
9	10/27/14	Jc	✓			
10	11/3/14	Jc	✓			
11	11/10/14	Jc	✓			
12	11/17/14	Jc	✓			
13	11/24/14	Jc	✓			
14	12/1/14	Jc	✓			
15	12/8/14	Jc	✓			
16	12/15/14	Jc	✓	Big Storm Events - Waste Water Pond @ 20 %		
17	12/22/14	Jc	✓	Waste Water Pond @ 10 %		

CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period: _____

Facility Name: _____

Week	Date	Initials	OK	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard	Date Corrected
18	12/22/14	je	✓	Waste Water Pond @ 10%		
19						
20						
21						
22						
23						
24						
25						
26						

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region

Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

SD Farms II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐Most current nutrient analysis of manure provided to the recipient of the manure¹Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

☐ Composting Facility☐ Regional Treatment Facility☐ Croplands in Riverside County☒ Croplands in San Bernardino County☐ Croplands in other Counties

Dates Hauled:

4-24-14 — 4-29-14

Destination of Haul:

Cleveland Farms

GPS Coordinates of Destination²

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

1,872 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

1,872

tons

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

5-7-14

Hauler's Signature:

Date:

5-1-14

1. The Regional Board may ask for a copy of manure nutrient analysis.
2. GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region

Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

SD Farms II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)**MANURE INFORMATION**

Manure analyzed for nutrients

Yes ☒No ☐Most current nutrient analysis of manure provided to the recipient of the manure¹Yes ☒No ☐**MANURE HAULER INFORMATION**

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
- ☐ Regional Treatment Facility
- ☐ Croplands in Riverside County
- ☒ Croplands in San Bernardino County
- ☐ Croplands in other Counties _____

Amount removed: Tons or Cubic Yards
 (Please enter the amount in the box below and circle the appropriate units)

7200tons720

Dates Hauled:

4-24-14 ——— 4-26-14

Destination of Haul:

tevelde FarmsGPS Coordinates of Destination²

Latitude:

Longitude:

Ex. 6 Personal Privacy (PP)

Destination Receiver of Manure:

same

Manure Quantity Delivered:

7200 tons

Approximate Acreage (If Destination is Cropland) _____

Crop(s) Grown on Cropland _____

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature: [Signature]

Date:

5-7-14Hauler's Signature: [Signature]

Date:

5-1-14

¹ The Regional Board may ask for a copy of manure nutrient analysis.

² GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region

Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

SD Farms II Amos DeGroot

CAFO Facility Name

SD Farm II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐Most current nutrient analysis of manure provided to the recipient of the manure¹Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

☐ Composting Facility☐ Regional Treatment Facility☐ Croplands in Riverside County☒ Croplands in San Bernardino County☐ Croplands in other Counties

Dates Hauled:

4-28-14

Destination of Haul:

Cleveland Farms

GPS Coordinates of Destination²

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

240 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

240

tons

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

5-13-14

Hauler's Signature:

Date:

5-1-14

¹ The Regional Board may ask for a copy of manure nutrient analysis² GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region
Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

S D Farms #2

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Contact Person Name:

Ex. 6 Personal Privacy (PP)

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☒ Composting Facility
☐ Regional Treatment Facility
☐ Croplands in Riverside County
☐ Croplands in San Bernardino County
☐ Croplands in other Counties

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

2,904 tons

Dates Hauled:

6-30-14 — 7-10-14

Destination of Haul:

Viramontes Express

GPS Coordinates of Destination?

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

2,904 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

7-23-14

Hauler's Signature:

Date:

7-15-14

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region
Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

SD Farms II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
- ☐ Regional Treatment Facility
- ☐ Croplands in Riverside County
- ☒ Croplands in San Bernardino County
- ☐ Croplands in other Counties

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

624

Dates Hauled:

10-18-14

Destination of Haul:

Cleveland Farms

GPS Coordinates of Destination?

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

same

Manure Quantity Delivered:

624 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

12-1-14

Hauler's Signature:

Date:

11-22-14

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region
Order No. R8-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos deGroot

CAFO Facility Name

SD Farms II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
☐ Regional Treatment Facility
☐ Croplands in Riverside County
☒ Croplands in San Bernardino County
☐ Croplands in other Counties

Dates Hauled:

10-14-14 — 10-17-14

Destination of Haul:

David Li Farms

GPS Coordinates of Destination²

Latitude

Longitude

Ex. 6 Personal Privacy (PP)

Destination Receiver of Manure:

Same

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

800

tons

Manure Quantity Delivered:

800 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

10-1-14

Hauler's Signature:

Date:

11-22-14

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region

Order No. R2-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

SD Farms II

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
☐ Regional Treatment Facility
☐ Croplands in Riverside County
☒ Croplands in San Bernardino County
☐ Croplands in other Counties

Dates Hauled:

11-8-14 ——— 11-12-14

Destination of Haul:

Cleveland Farms

GPS Coordinates of Destination²

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

1,728 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

1,728

tons

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

E. J. B. F. F.

Date:

12-1-14

Hauler's Signature:

J. J. F. F.

Date:

11-22-14

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
Santa Ana Region
Order No. R3-2013-006, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name

Amos DeGroot

CAFO Facility Name

Facility Address

Mailing Address

Telephone Number

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure?

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company

Ex. 6 Personal Privacy (PP)

Contact Person Name:

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☐ Composting Facility
☐ Regional Treatment Facility
☐ Croplands in Riverside County
☒ Croplands in San Bernardino County
☐ Croplands in other Counties

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

328

tons

Dates Hauled:

11-13-14 — 11-17-14

Destination of Haul:

Barba Farming

GPS Coordinates of Destination?

Latitude:

Ex. 6 Personal Privacy (PP)

Longitude:

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

328 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

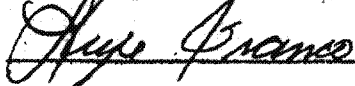
Operator's Signature:



Date:

12-1-14

Hauler's Signature:



Date:

11-22-14

Form 4.

Manure Tracking Manifest
Regional Water Quality Control Board
San Bernardino Region

Order No. RS-2013-0001, NPDES No. CAG018001

INSTRUCTIONS:

1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.
2. If there are multiple destinations, complete a separate form for each destination.
3. The CAFO operator must obtain the signature of the hauler upon completion of each manure hauling event.
4. The CAFO operator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.

OPERATOR'S INFORMATION

CAFO Operator's Name:

Amos DeGroot

CAFO Facility Name:

SD Farms II

Facility Address:

Mailing Address:

Telephone Number:

Ex. 6 Personal Privacy (PP)

MANURE INFORMATION

Manure analyzed for nutrients

Yes ☒No ☐

Most current nutrient analysis of manure provided to the recipient of the manure

Yes ☒No ☐

MANURE HAULER INFORMATION

Name and Address of Hauling Company:

Contact Person Name:

Ex. 6 Personal Privacy (PP)

MANURE DESTINATION INFORMATION

Hauled to (please check):

- ☒ Composting Facility
- ☐ Regional Treatment Facility
- ☐ Croplands in Riverside County
- ☐ Croplands in San Bernardino County
- ☐ Croplands in other Counties

Amount removed: Tons or Cubic Yards
(Please enter the amount in the box below and circle the appropriate units)

1,648 tons

Dates Hauled:

11-12-14 — 11-19-14

Destination of Haul:

Viramontes Express

GPS Coordinates of Destination:

Latitude:

Longitude:

Ex. 6 Personal Privacy (PP)

Destination Receiver of Manure:

Same

Manure Quantity Delivered:

1,648 tons

Approximate Acreage (If Destination is Cropland)

Crop(s) Grown on Cropland

CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator's Signature:

Date:

12-1-14

Hauler's Signature:

Date:

11-22-14

Form 2. Summary Report of Weekly Storm Water Management Structure Inspections
(Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014

Facility Information (Please make corrections directly on this form)	
Operator's Name	Amos DeGroot
Facility Name	SD Farms II
Facility Address	Ex. 6 Personal Privacy (PP)

Was the CAFO Weekly Storm Water Management Structure Inspections Log Sheet completed for the entire year? Yes ☒ No ☐
 If No, please explain why the log sheet was not completed for the entire year.

Were water lines inspected daily? Yes ☒ No ☐
 Were there any discharges from the facility during the year? Yes ☐ No ☒

If Yes, please provide: the date of discharge, how it was discovered (was it during a routine site inspection?), how long did the discharge last, and how it was stopped.

Date of incident	How was it discovered?	How long did it last and volume	How was it stopped?

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of person making this report (please print): Jonathan Cockcroft
 Title: Agriculture OPS Manager
 Signature: [Signature]
 Date: 1-7-14